

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="text-align: center; font-size: 1.2em;">9/780699</div>	FILING DATE						
						APPLICANT(S)							
<div style="font-size: 1.2em;">4/1/05</div> CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51						
2	✓		✓				52						
3		✓		✓			53						
4	✓		✓				54						
5	✓		✓				55						
6	✓		✓				56						
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49							99						
50							100						
TOTAL IND.	5	✓	5	✓		✓	TOTAL IND.		✓		✓		✓
TOTAL DEP.	1	✓	1	✓		✓	TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS	6		6				TOTAL CLAIMS						

PTO-1280 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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